

**RB-30 Provider of Premises License Application**

License no. _____

License issued _____

Read this information first

Do not write above this line.

To qualify for a license to provide a premises for bingo games, your organization must not have any officers or partners who have been convicted of a felony.

To qualify for a license to provide a premises for charitable games, your organization must not have any officers or partners who have been convicted of a felony within the last 10 years or who are professional gamblers.

Step 1: Check the provider of premises license for which you are applying

You must file a separate application for each license.

☐ Bingo ☐ Charitable game**Step 2: Identify your business**

Business name _____

Physical address _____
Number and street

City _____ State _____ ZIP _____

County _____ Telephone number _____

Mailing address _____
Number and street or post office box

City _____ State _____ ZIP _____

List all of the following numbers that your business has been assigned.

IBT no. _____

FEIN _____

Bingo license no. **B -** _____Bingo supplier's license no. **BS -** _____Bingo provider's license no. **BP -** _____Charitable game license no. **CG -** _____Charitable game provider's license no. **CP -** _____Charitable game supplier's license no. **CS -** _____Pull tab license no. **P -** _____Pull tab supplier's license no. **PS -** _____Pull tab manufacturer's license no. **PM -** _____**Step 3: Tell us about your business****1 Check your type of business ownership.**☐ Individual ☐ Partnership ☐ Corporation☐ Other (please specify) _____

If you are a corporation, attach your articles of incorporation and bylaws. If this is a renewal application, attach these items only if they have changed since your last application.

2 When and where was your business established?

Date _____

City _____ State _____

3 Who is responsible for furnishing bingo or charitable game records and information?

Name _____

Daytime telephone _____

4 Are you doing business under an assumed or trade name?☐ yes ☐ no

If "yes," you are operating under an assumed name and you are an individual, a partnership, or an other entity, write your assumed name and the county and number of your Assumed Name Certificate.

Assumed name _____

County _____ Number _____

If "yes," you are operating under a trade name and you are a corporation, write your trade name and your corporate name.

Also attach a certified copy of your Certificate of Registration.

Trade name _____

Corporate name _____

Step 4: Identify your director, officers, partners, and stockholders

If your business is owned or operated by another entity, you must also identify the director, officers, partners, and stockholders of that entity. If you are a partnership or a corporation, you must report to us in writing within 30 days any change in the number or identity of persons owning at least 10 percent of the shares in your business or an entity that owns or operates your business. If the ownership of your business changes, you must file a new application.

1 Name (include middle initial) _____ Title (if applicable) _____ Social Security number _____ Date of birth _____

Street address _____ City _____ State _____ ZIP _____ Race* _____

2 Name (include middle initial) _____ Title (if applicable) _____ Social Security number _____ Date of birth _____

Street address _____ City _____ State _____ ZIP _____ Race* _____

Step 4: Identify your director, officers, partners, and stockholders (continued)

Attach additional sheets if necessary.

3

Name (include middle initial) _____ Title (if applicable) _____ Social Security number _____ Date of birth _____
Street address _____ City _____ State _____ ZIP _____ Race* _____

4

Name (include middle initial) _____ Title (if applicable) _____ Social Security number _____ Date of birth _____
Street address _____ City _____ State _____ ZIP _____ Race* _____

* **A** — Asian or Pacific Islander; **B** — Black; **I** — American Indian or Alaskan Native; **W** — White; or **O** — Other

Step 5: Complete the following information (Attach additional sheets if necessary.)

- 1 Fill in the following information on persons not listed in Step 4 who have a direct or indirect financial, proprietary, or other interest in your business, or who have made a loan to you or your business.

Name _____
Nature of the interest _____
Date interest was acquired _____
Month Day Year

Name _____
Nature of the interest _____
Date interest was acquired _____
Month Day Year

- 2 Do you intend to sell, lease, distribute, or loan bingo supplies, devices, or equipment to an organization licensed to conduct bingo games? ☐ yes ☐ no

If "yes," you must complete Form RB-2, Application for Bingo Supplier's License.

- 3 Do you or any of the persons named in Step 4 or Step 5, Item 1, have any interest in the business of anyone holding a charitable game supplier's license? ☐ yes ☐ no

Step 6: Tell us about your premises

- 1 Where is the premises you will provide?

Street address _____
City, state, ZIP _____
County _____

- 2 Do you own the premises? ☐ yes ☐ no
If "no," attach a copy of the lease agreement or contract.

- 3 List your monthly expenses for the following (bingo provider only):

Equipment	\$ _____
Janitorial and maintenance	\$ _____
Rent or mortgage	\$ _____
Utilities	\$ _____
Other (please specify)	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total monthly expenses	\$ _____

- 4 List the organizations that will be conducting games on the premises. Attach additional sheets if necessary.

Name _____
License no. _____
Date of event (if known) _____

Name _____
License no. _____
Date of event (if known) _____

Name _____
License no. _____
Date of event (if known) _____

Name _____
License no. _____
Date of event (if known) _____

Note: Only the expenses you list will be considered in determining the maximum rent you may charge an organization conducting games on your premises. Attach additional sheets if necessary.

► **Be sure to complete Step 8 on Page 4 of this application.**
We cannot process your application if any steps are incomplete.

Step 7: Have each person listed in Step 4 complete the following information

Make a copy of this step for each individual to complete. Attach all completed copies to your application. Attach additional sheets if necessary.

1 Name _____
First Middle Last

2 Previous or maiden name (if applicable)

First Middle Last

3 Home address _____
Number and street

City State ZIP

4 How long have you resided at this address? _____

5a Home phone _____

b Work phone _____

6a Date of birth _____

b Place of birth _____
City State

7 Social Security number _____

8a Drivers license number _____

b State of issue _____

c Date of issue _____
Month Day Year

9 Spouse's name _____
First Middle Last

10 Spouse's previous or maiden name (if applicable)
First Middle Last

11 Are you a U.S. citizen? ☐ yes ☐ no
If "no," write your registration number. _____

12 What position do you hold with this business?

☐ sole proprietor ☐ stockholder
☐ director ☐ manager
☐ officer ☐ other _____
☐ partner

13 Describe your duties with this business. _____

14 List all of the following numbers assigned to you or a business or organization in which you have a financial interest or an active role.

IBT no. _____

FEIN _____

Bingo license no. **B** - _____

Bingo supplier's license no. **BS** - _____

Bingo provider's license no. **BP** - _____

Charitable game license no. **CG** - _____

Charitable game provider's license no. **CP** - _____

Charitable game supplier's license no. **CS** - _____

Pull tab license no. **P** - _____

Pull tab supplier's license no. **PS** - _____

Pull tab manufacturer's license no. **PM** - _____

15 Write the name and address of each business in which you have a financial interest or an active role.

a Business name _____
Street address _____
City, state, ZIP _____

b Business name _____
Street address _____
City, state, ZIP _____

16 Write your employment history for the past 10 years. List your most current employer first. Include periods of unemployment or education.

a Employer name _____
Street address _____
City, state, ZIP _____
Position held _____
Dates of employment _____
Type of business _____

b Employer name _____
Street address _____
City, state, ZIP _____
Position held _____
Dates of employment _____
Type of business _____

17 List your places of residence during the past 10 years, excluding the home address you provided in Item 3 above.

a Street address _____
City, state, ZIP _____
Dates of residence _____

b Street address _____
City, state, ZIP _____
Dates of residence _____

18 Have you ever been convicted of a felony or a misdemeanor?

☐ yes ☐ no

If "yes," explain. _____

► Turn the page and complete Step 8.

Step 8: Sign below

Under penalties of perjury, I state that I have examined this application and, to the best of my knowledge, it is true, correct, and complete. I further certify that no employee of mine shall manage or operate the games. I also state that I have read the applicable bingo or charitable game rule book.

Responsible party's signature

Title Date

If you are applying for a
☐ **bingo** provider of premises license, make your check for **\$200**
☐ **charitable game** provider of premises license, make your check for **\$50**
payable to "Illinois Department of Revenue." Your payment must accompany this application.

Mail your application and payment to:

OFFICE OF BINGO AND CHARITABLE GAMES
ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19480
SPRINGFIELD IL 62794-9480

If you have questions, please call our Springfield office weekdays between 8:00 a.m. and 4:30 p.m. at 217 524-4164.

